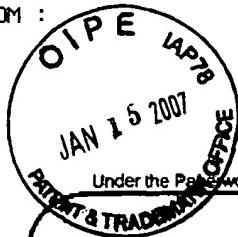


FROM :

FAX NO. :1-8666165907

Jan. 15 2007 03:01PM P2



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/122 (01-08)

Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

CHANGE OF CORRESPONDENCE ADDRESS *Application*

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10776,978
Filing Date	02/12/2004
First Named Inventor	JAO-CHING LIN
Art Unit	2629
Examiner Name	OSORIO, RICARDO
Attorney Docket Number	

Please change the Correspondence Address for the above-identified patent application to:

The address associated with
Customer Number:

OR

Firm or
Individual Name G. LINK CO., LTD.

Address 3550 BELL ROAD

City MINOOKA	State IL	Zip 60447
--------------	----------	-----------

Country USA

Telephone 6306991417	Email wenrong_sheu@yahoo.co.nz
----------------------	--------------------------------

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- Applicant/Inventor
- Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).
- Attorney or agent of record. Registration Number _____
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature

Jao-ching LIN

Typed or Printed
Name

JAO-CHING LIN

Date 01/15/2007

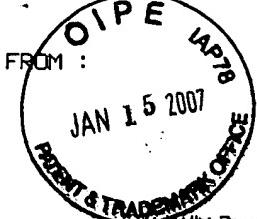
Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



FROM :

FAX NO. : 1-8666165907

Jan. 15 2007 03:01PM P3

PTO/SB/122 (01-06)

Approved for use through 12/31/2008. OMB 0651-0055
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS *Application*

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/776,976
Filing Date	02/12/2004
First Named Inventor	JAO-CHING LIN
Art Unit	2629
Examiner Name	OSORIO, RICARDO
Attorney Docket Number	

Please change the Correspondence Address for the above-identified patent application to:

The address associated with
Customer Number:

OR

Firm or
Individual Name G. LINK CO., LTD.

Address 3550 BELL ROAD

City MINOOKA State IL Zip 60447

Country USA

Telephone 6306991417 Email wenrong_shew@yahoo.co.nz

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- Applicant/Inventor
 Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
 Attorney or agent of record. Registration Number _____
 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature

Typed or Printed
Name

Shyh-In HUANG

Date 01/15/2007

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 4 forms are submitted.

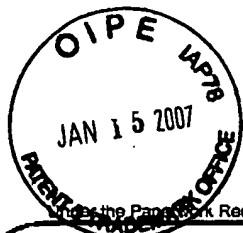
This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

FROM :

FAX NO. :1-8666165907

Jan. 15 2007 03:02PM P4



PTO/SB/122 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCEUnder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS

Application

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/776,978
Filing Date	02/12/2004
First Named Inventor	JAO-CHING LIN
Art Unit	2629
Examiner Name	OSORIO, RICARDO
Attorney Docket Number	

Please change the Correspondence Address for the above-identified patent application to:

The address associated with
Customer Number: _____

OR

Firm or
Individual Name: G. LINK CO., LTD.

Address: 3550 BELL ROAD.

City: MINOOKA	State: IL	Zip: 60447
---------------	-----------	------------

Country: USA

Telephone: 6306991417	Email: wenrong_sheu@yahoo.co.nz
-----------------------	---------------------------------

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- Applicant/Inventor
- Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or agent of record. Registration Number _____
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature: Lin-Abel CHU

Typed or Printed Name: Lin-Abel CHU

Date: 01/15/2007	Telephone: _____
------------------	------------------

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.83. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

FROM :

FAX NO. : 1-8666165907

Jan. 15 2007 03:02PM P5



PTO/SB/122 (01-08)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS *Application*

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/776,976
Filing Date	02/12/2004
First Named Inventor	JAO-CHING LIN
Art Unit	2629
Examiner Name	OSORIO, RICARDO
Attorney Docket Number	

Please change the Correspondence Address for the above-identified patent application to:

The address associated with
Customer Number: _____

OR

Firm or
Individual Name G. LINK CO., LTD.

Address 3550 BELL ROAD

City MINOOKA	State IL	Zip 60447
--------------	----------	-----------

Country USA

Telephone 8306991417	Email wanrong_shen@yahoo.co.nz
----------------------	--------------------------------

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- Applicant/Inventor
- Assignee of record of the entire interest.
Statement under 37 CFR 1.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or agent of record. Registration Number _____.
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.

Signature chung - yi shen

Typed or Printed Name Chung-Yi SHEN

Date 01/15/2007	Telephone
-----------------	-----------

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.